

THE MATERNAL AND CHILD HEALTH SERVICES
TITLE V BLOCK GRANT TO STATES PROGRAM

PREFACE TO THE SECOND EDITION

The Maternal and Child Health Services Title V Block Grant to States program has operated as a Federal-State partnership for 65 years. When the Social Security Act was passed in 1935, the Federal Government, through Title V, pledged its support of State efforts to extend and improve health and welfare services for mothers and children. Title V of the Social Security Act has been amended a number of times in ensuing years to reflect the expansion of the national interest in maternal and child health. Title V was converted to a block grant as part of the Omnibus Budget Reconciliation Act of 1981. In the Omnibus Budget Reconciliation Act of 1989, Congress sought to balance the flexibility of the block grant with greater accountability, by requiring State Title V programs to report on progress on key maternal and child health indicators and other program information. Thus the block grant legislation identifies a theme and central core of accountability within the flexibility of State-identified Maternal and Child Health (MCH) needs and solutions. This theme, the request for Federal funds to assist the States in the design and implementation of MCH programs that would meet their own particular needs, while at the same time asking them to account for the use of those funds, was embodied in the requirements contained in guidance documents for block grant applications and annual reports. In 1996, the Maternal and Child Health Bureau (MCHB) began a process of programmatic assessments and planning activities aimed at improving those guidance documents.

The Government Performance and Results Act (GPRA) of 1993 required the establishment of measurable goals that can be reported as part of the budgetary process, thus linking funding decisions with performance. Among its purposes, GPRA is intended to “...improve Federal program effectiveness and public accountability by promoting a new focus on results, service quality, and customer satisfaction.” GPRA requires each Federal agency to develop comprehensive strategic plans, annual performance plans with measurable goals and objectives, and annual reports on actual performance compared to performance goals. The MCHB effort to respond to GPRA requirements coincided with other planned improvements to the block grant guidances. The Division of State and Community Health, MCHB, was given the responsibility of rewriting and combining the Title V application and the annual report into a single performance-based document. The block grant application/annual report guidance and forms that resulted and that were contained within the 1998 edition of the *Maternal and Child Health Services Title V Block Grant Program - Guidance and Forms for the Title V Application/Annual Report* served two purposes: they ensured that the States and jurisdictions could clearly, concisely, and accurately tell their MCH “stories”; and, they became the basis by which MCHB met its GPRA Block Grant to States Program reporting requirements.

The block grant application and annual report, submitted annually by all the States, contains a wealth of information concerning State initiatives, State-supported programs, and other State-based responses designed to address their MCH needs. In order to better utilize the data that will be contained in the new application/annual reports, MCHB, in collaboration with the National Center for Education in Maternal and Child Health (NCEMCH), has developed an electronic

information system, the Title V Information System (TVIS), that is designed to capture data contained in the States' block grant application/annual reports. The system, designed initially to capture the qualitative programmatic information of the States, was modified according to MCHB's performance measurement model to collect quantitative data as well. This joint development of the guidance and the database has enabled the TVIS to become a powerful and useful tool for a number of audiences. The TVIS is available to the public on the World Wide Web at *mchdata.net*.

In 1999 DSCH began work on this, the second edition of the guidance. Its most important feature is the incorporation of two sets of health status indicators, one "core" and one "developmental", that are designed to provide an annual snapshot of MCH within each State and to assist the States with completion of their needs assessment process and the establishment of their MCH priority needs. The core indicators will be reported by all the States and the developmental indicators will be reported by those States that have access to the necessary data. States that do not have access will work toward developing systems that will enable them to report on these indicators in the future. This second edition of the *Maternal and Child Health Services Title V Block Grant Program - Guidance and Forms for the Title V Application/Annual Report* also contains improvements arising from the combined experiences gained by the States, application reviewers, and MCHB staff members in working with the first edition. I believe that this latest edition of the guidance will enhance the quality of submissions and the accompanying electronic reporting package of the TVIS will make the entire Title V application and annual reporting process more efficient and will provide better and more timely data.

Any questions and comments you may have on this guidance should be addressed to:

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